

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						09/403608			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		X					52		
3		X					53		
4		X					54		
5	X						55		
6		X					56		
7		X					57		
8		X					58		
9		X					59	/	
10		X					60		
11		X					61		
12		X					62		
13	X						63		
14		X					64		
15		X					65		
16		X					66		
17		X					67	/	
18		X					68		
19		X					69		
20		X					70		
21	X						71		
22		X					72		
23		X					73		
24		X					74	/	
25		X					75		
26		X					76		
27	X						77		
28		X					78		
29		X					79		
30		X					80		
31		X					81		
32		X					82		
33		X					83	/	
34		X					84		
35		X					85		
36	X						86		
37		X					87		
38		X					88		
39		X					89		
40		X					90		
41		X					91	/	
42		X					92		
43		X					93		
44		X					94		
45			/				95		
46				/			96		
47				/			97		
48			/	/			98		
49			/				99		
50				/			100		
TOTAL IND.	61		6				TOTAL IND.		
TOTAL DEP.	38		41				TOTAL DEP.		
TOTAL CLAIMS	99		47				TOTAL CLAIMS		

**BEST AVAILABLE COPY**